

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-575)**

SERIAL NO. 10-230,000 FILING D. 10-230,000  
APPLICANT(S) \_\_\_\_\_

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		CLAIMS				
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